

09/964,940

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>
O.I.P.E. CLASSIFIER	<i>[Handwritten]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>
FORMALITY REVIEW	<i>H.T.</i>	<i>1117</i>	<i>11/07/01</i>
RESPONSE FORMALITY REVIEW	<i>TZ</i>	<i>947</i>	<i>09/24/02</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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09/12/01